

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 1750.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (Estimate)	Category/ Type 004	Transaction ID : SE.43184 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate MASTERS, BLAKE, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 1750.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (Estimate)	Category/ Type 004	Transaction ID : SE.43186 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 30 / 2022

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 125.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage (Estimate)	Category/ Type 004	Transaction ID : SE.43209 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate MASTERS, BLAKE, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1032358.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 125.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage (Estimate)	Category/ Type 004	Transaction ID : SE.43210 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1032483.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	3750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 30 / 2022

Signature